

United States Bankruptcy Court Northern District of Ohio		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Bilfield, Murray David	Name of Joint Debtor (Spouse) (Last, First, Middle): Smith Bilfield, Melinda Jane	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-1769	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-3235	
Street Address of Debtor (No. and Street, City, and State): 260 Capital Hill Circle Chagrin Falls, OH <div style="text-align: right; font-size: small;">ZIP Code 44022</div>	Street Address of Joint Debtor (No. and Street, City, and State): 260 Capital Hill Circle Chagrin Falls, OH <div style="text-align: right; font-size: small;">ZIP Code 44022</div>	
County of Residence or of the Principal Place of Business: Cuyahoga	County of Residence or of the Principal Place of Business: Cuyahoga	
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>	Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>	
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).	
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> 1-49</div> <div><input checked="" type="checkbox"/> 50-99</div> <div><input type="checkbox"/> 100-199</div> <div><input type="checkbox"/> 200-999</div> <div><input type="checkbox"/> 1,000-5,000</div> <div><input type="checkbox"/> 5,001-10,000</div> <div><input type="checkbox"/> 10,001-25,000</div> <div><input type="checkbox"/> 25,001-50,000</div> <div><input type="checkbox"/> 50,001-100,000</div> <div><input type="checkbox"/> OVER 100,000</div> </div>		
Estimated Assets <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input checked="" type="checkbox"/> \$500,001 to \$1 million</div> <div><input type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>		
Estimated Liabilities <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input checked="" type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>		

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Bilfield, Murray David**Smith Bilfield, Melinda Jane****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location Where Filed: N Dist of OH, E Div at Cleveland (wife filed only)	Case Number: 95-10568-rb-7	Date Filed: 2/10/95
Location Where Filed:	Case Number:	Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X

Signature of Attorney for Debtor(s)

(Date)

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Bilfield, Murray David**Smith Bilfield, Melinda Jane****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Murray David BilfieldSignature of Debtor **Murray David Bilfield****X /s/ Melinda Jane Smith Bilfield**Signature of Joint Debtor **Melinda Jane Smith Bilfield**

Telephone Number (If not represented by attorney)

September 30, 2011

Date

Signature of Attorney***X /s/ EDWARD L. SNYDER**

Signature of Attorney for Debtor(s)

EDWARD L. SNYDER 0018955

Printed Name of Attorney for Debtor(s)

EDWARD L. SNYDER 0018955

Firm Name

6910 AIRPORT HWY.**SUITE 11****Holland, OH 43528-5701**

Address

419-867-8090 Fax: 419-865-1344

Telephone Number

September 30, 2011

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

**United States Bankruptcy Court
Northern District of Ohio**

In re **Murray David Bilfield
Melinda Jane Smith Bilfield**

Debtor(s)

Case No. _____
Chapter **7**

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Murray David Bilfield

Murray David Bilfield

Date: September 30, 2011

**United States Bankruptcy Court
Northern District of Ohio**

In re **Murray David Bilfield
Melinda Jane Smith Bilfield**

Debtor(s)

Case No. _____
Chapter **7**

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Melinda Jane Smith Bilfield

Melinda Jane Smith Bilfield

Date: September 30, 2011

United States Bankruptcy Court
Northern District of Ohio

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Debtors

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	500,000.00		
B - Personal Property	Yes	6	279,695.21		
C - Property Claimed as Exempt	Yes	4			
D - Creditors Holding Secured Claims	Yes	2		962,982.53	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		10,544.82	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	18		1,146,298.77	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	3			
I - Current Income of Individual Debtor(s)	Yes	1			8,151.00
J - Current Expenditures of Individual Debtor(s)	Yes	1			10,512.34
Total Number of Sheets of ALL Schedules		39			
Total Assets			779,695.21		
Total Liabilities				2,119,826.12	

United States Bankruptcy Court
Northern District of Ohio

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Debtors

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Fee simple	J	500,000.00	759,299.48

Sub-Total > **500,000.00** (Total of this page)

Total > **500,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	J	100.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Pers & Bus checking accounts	J	100.00
		Morgan Stanley-Smith Barney (OHutma for son; act#xxxX-xxxxx-x8-905)	J	566.21
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Couch & chair	J	475.00
		Location: 260 Capital Hill Circle, Chagrin Falls OH 44022		
		Lamp, glass coffee table, fabric covered hassoc	J	150.00
		Location: 260 Capital Hill Circle, Chagrin Falls OH 44022		
		DR table&6chairs, hutch, curio glass cabinet, small serving table (15+yrs old, no one itme over 550)	J	3,500.00
		Location: 260 Capital Hill Circle, Chagrin Falls OH 44022		
		Kitchen table&4chairs	J	100.00
		Location: 260 Capital Hill Circle, Chagrin Falls OH 44022		
		MBR-k/q bed,2end tables, lamps & chairs, tv cabinet (12+yrs old),(dressers are built into closets),(no 1 item over 500)	J	1,250.00
		Location: 260 Capital Hill Circle, Chagrin Falls OH 44022		
		Guest BR-1bed, dresser & hutch	J	500.00
		Location: 260 Capital Hill Circle, Chagrin Falls OH 44022		
Sub-Total > (Total of this page)				6,741.21

5 continuation sheets attached to the Schedule of Personal Property

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		2 children's BR-2beds, 3 dressers, small end table Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	J	350.00
		Patio table&4chairs, umbrella Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	J	50.00
		Home office-desk, credenza & 3chairs-400 (32+yrs old) small secretarial desk-150 (all 8+yrs old) Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	J	550.00
		Kitchen Appliances-built-in gas stove top-300; built-in double oven Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	J	800.00
		Kitchen Appliance-2refrigerators w/freezers-500, small deep freeze Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	J	750.00
		Kitchen Appliance-microwave-100, misc (blender, mixer, etc) Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	J	400.00
		Appliances: 3dvd players(8+yrs old)-100; stereo& speakers (21+yrs old) Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	J	450.00
		Appliances-TVs: 1 med size-300, 5 (various sizes 5-12 yrs old)	J	900.00
		Appliance: desktop computer& printer Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	J	150.00
		misc HHF: 3 front foyer tables & 1 mirror-300; 2 charis black recovered Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	J	500.00
		Appliances: Washer&dryer	J	500.00

Sub-Total > **5,400.00**
(Total of this page)

Sheet 1 of 5 continuation sheets attached
to the Schedule of Personal Property

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	NON E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		misc HHGs: pots, pans, dishes, etc Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	J	500.00
		lawn mower & gardening items Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	J	500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		misc personal books, records, CDs, DVDs Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	J	200.00
6. Wearing apparel.		misc (no 1 item over 500) Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	J	3,000.00
7. Furs and jewelry.		Jewelry misc pieces incld costume Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	J	4,500.00
8. Firearms and sports, photographic, and other hobby equipment.		children's sports equipment, bikes, exercise equipment/weights (no 1 item over 500) Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	J	1,500.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Northwest Mutual Whole Life Policies #15-472-838 (son, insured; death benefit-147,844), #14-418-620 (other son insured; db-180,000); #10-203-089 (Debtor H, insured; db-250,000)	H	0.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)		Ohio Tuition Trust Authority (fbo son, last deposit-6-11-2001) act#xxxxxx8171	H	3,050.00
		Ohio Tuition Trust Authority (fbo other son, last deposit-6-11-2001)	J	3,050.00
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Bilfield & Sandall Co, LPA - Chas Schwab 401K (self directed)	H	200,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		CRE Corp (see SFA#18.)	H	0.00
		Longview Warehouse, Ltd. (see SFA#18.)	H	38,500.00

Sub-Total > **254,800.00**
(Total of this page)

Sheet 2 of 5 continuation sheets attached
to the Schedule of Personal Property

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Mobile Preparation, Inc. (MPI) (see SFA#18.)	J	1,000.00
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.		1/3 Remainderman in Mother's Condo (fmv=110,000; subject to 2001 reverse mortgage, with net amount paid out to date, exclusive of 4.9% interest of approx 65,000) 27500 Cedar Rd, Beachwood, OH 44122	H	Unknown
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		Cross & Third Party Complaint against former landlord (see SFA#3)	H	Unknown
		claim(s) against builder of Schedule A residence for latent defect(s) & fraud (claim is not yet filed)	J	Unknown
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			

Sub-Total > **1,000.00**
(Total of this page)

Sheet 3 of 5 continuation sheets attached
to the Schedule of Personal Property

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2007 Honda Odyssey Van (leased-see Schedule G)	H	0.00
		2006 Acura MDX (100,000mi, needs work)	H	8,500.00
		2005 Honda Civic (Debtor's mother's car, Lease-see Sched G)	H	0.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		(all 15-20 yrs old) 2 lawyer desks & cradenzas, guest chairs for desks, lobby chairs, copy machine, fax machine, 2 secretarial desks, misc file cabinets, receptionist's desk 6300 Rockside Road, Suite 204, Independence, OH 44131	H	2,000.00
		5 desktop PC w/screens (~4 yrs old), small office phone system (15yrs old) 6300 Rockside Road, Suite 204, Independence, OH 44131	J	1,000.00
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		2 dogs, 2 cats Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	J	4.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

Sub-Total > **11,504.00**
(Total of this page)

Sheet 4 of 5 continuation sheets attached
to the Schedule of Personal Property

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
35. Other personal property of any kind not already listed. Itemize.		old: file cabinets, storage cabinets, desk, steel shelving in basement Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	J	250.00

Sub-Total > **250.00**
(Total of this page)
Total > **279,695.21**

(Report also on Summary of Schedules)

Sheet 5 of 5 continuation sheets attached
to the Schedule of Personal Property

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds
\$146,450. (Amount subject to adjustment on 4/1/13, and every three years thereafter
with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property			
Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(1)	43,250.00	500,000.00
Cash on Hand			
Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(3)	100.00	100.00
Checking, Savings, or Other Financial Accounts, Certificates of Deposit			
Pers & Bus checking accounts	Ohio Rev. Code Ann. § 2329.66(A)(3)	100.00	100.00
Morgan Stanley-Smith Barney (OHutma for son; act#xxX-xxxxx-x8-905)	Ohio Rev. Code Ann. § 2329.66(A)(18)	566.21	566.21
Household Goods and Furnishings			
Couch & chair	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	475.00	475.00
Location: 260 Capital Hill Circle, Chagrin Falls OH 44022			
Lamp, glass coffee table, fabric covered hassoc	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	150.00	150.00
Location: 260 Capital Hill Circle, Chagrin Falls OH 44022			
DR table&6chairs, hutch, curio glass cabinet, small serving table (15+yrs old, no one itme over 550) Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	3,500.00	3,500.00
Kitchen table&4chairs	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	100.00	100.00
Location: 260 Capital Hill Circle, Chagrin Falls OH 44022			
MBR-k/q bed,2end tables, lamps & chairs, tv cabinet (12+yrs old),(dressers are built into closets),(no 1 item over 500) Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	1,250.00	1,250.00
Guest BR-1bed, dresser & hutch	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	500.00	500.00
Location: 260 Capital Hill Circle, Chagrin Falls OH 44022			
2 children's BR-2beds, 3 dressers, small end table	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	350.00	350.00
Location: 260 Capital Hill Circle, Chagrin Falls OH 44022			
Patio table&4chairs, umbrella	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	50.00	50.00
Location: 260 Capital Hill Circle, Chagrin Falls OH 44022			

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Home office-desk, credenza & 3 chairs-400 (32+yrs old) small secretarial desk-150 (all 8+yrs old) Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	550.00	550.00
Kitchen Appliances-built-in gas stove top-300; built-in double oven Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	800.00	800.00
Kitchen Appliance-2 refrigerators w/freezers-500, small deep freeze Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	750.00	750.00
Kitchen Appliance-microwave-100, misc (blender, mixer, etc) Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	400.00	400.00
Appliances: 3 dvd players(8+yrs old)-100; stereo & speakers (21+yrs old) Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	450.00	450.00
Appliances-TVs: 1 med size-300, 5 (various sizes 5-12 yrs old)	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	900.00	900.00
Appliance: desktop computer & printer Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	150.00	150.00
misc HHF: 3 front foyer tables & 1 mirror-300; 2 chairs black recovered Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	500.00	500.00
Appliances: Washer & dryer	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	500.00	500.00
misc HHGs: pots, pans, dishes, etc Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	500.00	500.00
lawn mower & gardening items Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	500.00	500.00
<u>Books, Pictures and Other Art Objects: Collectibles</u> misc personal books, records, CDs, DVDs Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	200.00	200.00

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Wearing Apparel</u> misc (no 1 item over 500) Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	3,000.00	3,000.00
<u>Furs and Jewelry</u> Jewelry misc pieces incld costume Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(4)(b) Ohio Rev. Code Ann. § 2329.66(A)(18)	2,900.00 1,600.00	4,500.00
<u>Firearms and Sports, Photographic and Other Hobby Equipment</u> children's sports equipment, bikes, exercise equipment/weights (no 1 item over 500) Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	1,500.00	1,500.00
<u>Interests in Insurance Policies</u> Northwest Mutual Whole Life Policies #15-472-838 (son, insured; death benefit-147,844), #14-418-620 (other son insured; db-180,000); #10-203-089 (Debtor H, insured; db-250,000)	Ohio Rev. Code Ann. §§ 2329.66(A)(6)(b), 3911.10, 3911.12, 3911.14	0.00	0.00
<u>Interests in an Education IRA or under a Qualified State Tuition Plan</u> Ohio Tuition Trust Authority (fbo son, last deposit-6-11-2001) act#xxxxxx8171	Ohio Rev. Code Ann. § 2329.66(A)(16)	3,050.00	3,050.00
Ohio Tuition Trust Authority (fbo other son, last deposit-6-11-2001)	Ohio Rev. Code Ann. § 2329.66(A)(16)	3,050.00	3,050.00
<u>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</u> Bilfield & Sandall Co, LPA - Chas Schwab 401K (self directed)	Ohio Rev. Code Ann. § 2329.66(A)(10)(d)	200,000.00	200,000.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u> 2006 Acura MDX (100,000mi, needs work)	Ohio Rev. Code Ann. § 2329.66(A)(2) Ohio Rev. Code Ann. § 2329.66(A)(18)	3,450.00 1,150.00	8,500.00
<u>Office Equipment, Furnishings and Supplies</u> (all 15-20 yrs old) 2 lawyer desks & cradenzas, guest chairs for desks, lobby chairs, copy machine, fax machine, 2 secretarial desks, misc file cabinets, receptionist's desk 6300 Rockside Road, Suite 204, Independence, OH 44131	Ohio Rev. Code Ann. § 2329.66(A)(5)	3,850.00	2,000.00
5 desktop PC w/screens (~4 yrs old), small office phone system (15yrs old) 6300 Rockside Road, Suite 204, Independence, OH 44131	Ohio Rev. Code Ann. § 2329.66(A)(5)	1,000.00	1,000.00
<u>Animals</u> 2 dogs, 2 cats Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	4.00	4.00

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Other Personal Property of Any Kind Not Already Listed			
old: file cabinets, storage cabinets, desk, steel shelving in basement Location: 260 Capital Hill Circle, Chagrin Falls OH 44022	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	100.00	250.00

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxx8548			7-2006					
Bank of NY Trust Co, NA 2220 Chemseroh Blvd Irving, TX 75062		J	Second Mortgage Location: 260 Capital Hill Circle, Chagrin Falls OH 44022		X	X		
			Value \$ 500,000.00				98,391.63	98,391.63
Account No. xxxxxx0037			7-2007					
Lorain National Bank 457 Broadway Lorain, OH 44052	X	H	Non-Purchase Money Security all assets of Bilfield & Assocs co, LPA	X	X	X		
			Value \$ Unknown				99,734.39	Unknown
Account No. xxxxx4489			11-2006					
Lorain National Bank 457 Broadway Lorain, OH 44052	X	H	Non-Purchase Money Security (all 15-20 yrs old) 2 lawyer desks & cradenzas, guest chairs for desks, lobby chairs, copy machine, fax machine, 2 secretarial desks, misc file cabinets, receptionist's desk 6300 Rockside Road, Suite 204,		X	X		
			Value \$ 2,000.00				99,256.95	97,256.95
Account No. xxxxxx0176			9-2009					
Ohio Commerce Bank 24400 Chagrin Blvd#100 Beachwood, OH 44122-5632	X	J	Third Mortgage Location: 260 Capital Hill Circle, Chagrin Falls OH 44022		X	X		
			Value \$ 500,000.00				101,107.85	101,107.85
Subtotal (Total of this page)							398,490.82	296,756.43

1 continuation sheets attached

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		H W J C					
Account No.							
Shaker Auto Lease 26671 Renaissance Pkwy Cleveland, OH 44128		8-2011 LEASE-see Sched G 2007 Honda Odyssey Van (leased-see Schedule G)		X		3,330.00	3,330.00
		Value \$ 0.00					
Account No.							
Shaker Auto Lease 26671 Renaissance Pkwy Cleveland, OH 44128		LEASE-see Sched G 2005 Honda Civic (Debtor's mother's car, Lease-see Sched G)		X		1,361.71	1,361.71
		Value \$ 0.00					
Account No. xxxx8532							
Wells Fargo Bank c/o Bank of America Home Loans PO Box 5170 Simi Valley, CA 93062-5170		7-2006 First Mortgage Location: 260 Capital Hill Circle, Chagrin Falls OH 44022		X		559,800.00	59,800.00
		Value \$ 500,000.00					
Account No.							
		Value \$					
Account No.							
		Value \$					
Subtotal						564,491.71	64,491.71
(Total of this page)							
Total						962,982.53	361,248.14
(Report on Summary of Schedules)							

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ Deposits by individuals

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			ongoing					
Cuyahga County Treasurer 1219 Ontario Cleveland, OH 44114		W	real estate taxes		X	X	Unknown	Unknown
Account No. ss#			2010					
INTERNAL REVENUE SERVICE INSOLVENCY GROUP 3 1240 EAST NINTH STREET, RM 457 Cleveland, OH 44199		J	TAXES-income	X	X	X	Unknown	Unknown
Account No. ss#			2010					
Ohio Dept of Taxation BANKRUPTCY DIVISION PO 530 Columbus, OH 43216-0530		J	TAXES-income	X	X	X	Unknown	Unknown
Account No. ss#			4-2010					
RITA PO Box 94951 Cleveland, OH		J	municipal income tax		X	X	10,544.82	0.00
Account No.								

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority ClaimsSubtotal
(Total of this page)**10,544.82**

Total

(Report on Summary of Schedules)

10,544.82

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No. xxxx-xxxx-xxxx-0957 Advanta PO Box 5657 Hicksville, NY 11802-5657	X	H			X	X	3,486.08
Account No. xxxx-xxxxxx-x2002 American Express PO Box 1270 Newark, NJ 07101-1270	X	H			X	X	1,499.61
Account No. xxxx-xxxxxx-x1008 American Express PO Box 1270 Newark, NJ 07101-1270	X	H			X	X	14,253.24
Account No. xxxx-xxxxxx-x2002 American Express PO Box 1270 Newark, NJ 07101-1270		W			X	X	3,818.05
Subtotal (Total of this page)							23,056.98

17 continuation sheets attached

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. xxxxxxxxxxx-xx801-7	X	H	9-2011 (ongoing) Y Pgs advertsing for Bilfield & Assocs			X X	18,677.77
AT&T Advertising Solutions PO Box 5081 Carol Stream, IL 60197-5081							
Account No. xxxxxxxxxxx-x000-9	X	H	9-2011 (ongoing) Y Pgs advertising for Midwest Tax Relief			X X	17,969.17
AT&T Advertising Solutions PO Box 5081 Carol Stream, IL 60197-5081							
Account No. xxxxxxxxxxx-xx800-9	X	H	9-2011 (ongoing) Y Pgs advertising-Bilfield & Assocs & Debtor			X X	1,370.10
AT&T Advertising Solutions PO Box 5081 Carol Stream, IL 60197-5081							
Account No. xxxx-xxxx-xxxx-4990	J		7-2011 & prior misc chrgs			X X	23,023.80
Bank of America PO Box 15019 Wilmington, DE 19886-5019							
Account No.	X	H	2010 & 2011 appraisal costs to close Bilfield & asssoc 401k pension Plan, value Debtor's interests in CRE Corp, Longview Warehouse, MPI (see Sched B.16.)			X	25,000.00
Baumberger Appraisal 111 Sturges Ave Mansfield, OH 44903							
Sheet no. <u>1</u> of <u>17</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							86,040.84

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
Brennan, Manna & Diamond, LLC 75 E Market St Akron, OH 44308	X	H	ongoing/pending attorney fees claimed in litigation (see SFA#4)	X	X	10,000.00
Account No. xxxx-xxxx-xxxx-2021						
Capital One PO Box 60559 City of Industry, CA 91716-0559	X	H	8-2011 or prior misc chrgs		X	8,616.88
Account No.						
Century Link PO Box 52187 Phoenix, AZ 85072-2187		J	7-2011 long dist ph svc		X	88.20
Account No. xxxxxx7881						
CF Medical, LLC Stephens & Michaels Assoc PO Box 109 Salem, NH 03079-0109		W	12-2008 med		X	1,711.00
Account No. xxxxxx5310						
CF Medical, LLC Stephens & Michaels Assoc PO Box 109 Salem, NH 03079-0109		H	1-2010 med		X	107.48
Sheet no. 2 of 17 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						Subtotal (Total of this page)
						20,523.56

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx-xxxx-xxxx-8779 Chase Bank One PO Box 15298 Wilmington, DE 19850	J	8-2011 & prior misc chrgs		X	X	10,126.09
Account No. xxx-xxx-xxx4-334 Cincinnati Bell PO box 748003 Cincinnati, OH 45274-8003	X H	10-2010 Y Pgs Advertising		X	X	830.00
Account No. xxx-xxxx-xxxx-9891 Citi American Express PO box 6500 Sioux Falls, SD 57117-6500	J	8-2011 & prior misc chrgs		X	X	9,882.03
Account No. xxxx-xxxx-xxxx-2008 Citi Platinum Select Box 6500 Sioux Falls, SD 57117-6500	J	7-2011 & prior misc chrgs		X	X	5,549.48
Account No. xxxxxxx4118 Cleveland Clinic PO Box 8940 Cleveland, OH 44101	W	1-2-10 med		X	X	69.22
Sheet no. 3 of 17 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 26,456.82

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxx4118 Cleveland Clinic PO Box 931085 Cleveland, OH 44193	W	10-2010 med		X	X	282.09
Account No. xxxx7664 Cleveland Clinic PO Box 931085 Cleveland, OH 44193	W	4-2009 med		X	X	1,070.53
Account No. xxxx7664 Cleveland Clinic PO box 94909 Cleveland, OH 44195	W	4-2009 to present med		X	X	2,023.00
Account No. xxxx3464 Cleveland Clinic PO Box 8940 Cleveland, OH 44101	W	8-2011 med		X	X	328.88
Account No. xxxx6789 Cleveland Clinic PO Box 8940 Cleveland, OH 44101	H	10-2010 med		X	X	240.20
Sheet no. <u>4</u> of <u>17</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 3,944.70

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx6239 Cleveland Clinic PO Box 8940 Cleveland, OH 44101	H	7-2011 med		X	X	84.27
Account No. xxxxxxx0198 Cleveland Clinic-East Hill PO box 89410 Cleveland, OH 44101	W	1-2010 med		X	X	280.72
Account No. xxxxxxxxx0118 Cleveland Clinic-Hospital PO box 89410 Cleveland, OH 44101	W	1-2010 med		X	X	1,711.00
Account No. xxxxxxxxx0128 Cleveland Clinic-Hospital PO box 89410 Cleveland, OH 44101	W	2-2011 med		X	X	16.04
Account No. xxxx5079 Cleveland Clinic-Patient Payments PO box 74303 Cleveland, OH 44194	H	6-2010 med		X	X	240.20
Sheet no. 5 of 17 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 2,332.23

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxx011-1 Cleveland Clinic-Physician PO box 89410 Cleveland, OH 44101	W	1-2010 med		X	X	240.20
Account No. xxxxxxxx012-1 Cleveland Clinic-Physician PO box 89410 Cleveland, OH 44101	W	1-2010 med		X	X	107.48
Account No. Cleveland Clinic-Physician PO box 89410 Cleveland, OH 44101	H	12-2008 med		X	X	645.00
Account No. xxx-xxx7794 Clinic Medical Services PO Box 92237	W	9-2009 med		X	X	133.08
Account No. xx5431 Commercial Works, Inc 1299 Boltonfield St Columbus, OH 43228	X H	4-2010 moving services		X	X	1,000.00
Sheet no. <u>6</u> of <u>17</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,125.76

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			1-2010				
Connie Willman, RPR 570 D'Lun St#200 Columbus, OH 43228	X	H	court reporter services		X	X	622.90
Account No. 5381			court reporter services				
Corsillo&Grandillo Court Reporters Cleveland, OH 44114	X	H			X	X	1,133.05
Account No. xxx8430			unk med				
CREDIT ADJUSTMENTS, INC 330 FLORENCE Defiance, OH 43512		W			X	X	265.00
Account No.			4-2010 (& subsequent claimed) electrical service & subsequent claimed as part of law suit (see SFA#4)				
Dalad Realty 6055 Rockside Woods blvd,Suite 100 Independence, OH 44131	X	H		X	X	X	1,500.00
Account No. xxxx5732			8-2011 & prior satelite TV svc				
Direct TV PO box 6414 Carol Stream, IL 60197-6414		J			X	X	196.28
Sheet no. <u>7</u> of <u>17</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)
							3,717.23

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxx-xxx-6081 Emergency Prof Serv PO box 740021 Cincinnati, OH 45274-0021	H	1-2010 med		X	X	Unknown
Account No. Estate of Shirley Johnson c/e Francis E. Sweeney, Jr., Esq. 323 Lakeside Ave NW, Suite 450 Cleveland, OH 44113	H	8-14-2008 or subsequently potential claim for legal malpractice for missing medical malpractice statute of limitations	X	X	X	350,000.00
Account No. xxx-xx1-099 Express PO box 659728 San Antonio, TX 78265	W	prior to 8-2010 misc chrgs		X	X	796.02
Account No. x2219 Eyeware 20/20 5194 Wilson Mills Rd Cleveland, OH 44143	H	4-2010 med		X	X	261.42
Account No. x1910 Eyeware 20/20 5194 Wislon Mills Rd Cleveland, OH 44143	H	2-2010 med		X	X	223.10
Sheet no. 8 of 17 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						351,280.54

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxxx-x701-9 Federal Express PO Box 371461 Pittsburgh, PA 15250-7461	H	6-2011 delivery service		X	X	145.83
Account No. xxxx-xxxx-xxxx-6604 GEMB-GAP PO box 530942 Atlanta, GA 30353	W	prior to 8-2011 misc chrgs		X	X	1,511.04
Account No. Gold Building Partners, LLC 25201 Chagrin Blvd#300 Beachwood, OH 44122	X H	4-2010 alleged breach of lease (see SFA#4) claim could potential be considerably more	X	X	X	58,637.92
Account No. Helen Schafer 2 White Tail Way #8 Norwalk, OH 44857	X H	2008 on or about potential legal malpractice claim for missing the statute of limitations for a possible action for negligence of a stock broker	X	X	X	100,000.00
Account No. xxxxxxx0198 Hillcrest Hospital PO Box 74397 Cleveland, OH 44194	H	1-2010 med		X	X	280.70
Sheet no. 9 of 17 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 160,575.49

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		4-2010				
Hub Valley Realty LTD 6055 Rockside Woods Blvd#100 Independence, OH 44131	X	H	alleged breaching of lease (see SFA#4)	X	X	X
						Unknown
Account No.		alleged breaching of lease (see SFA#4)				
Hub Valley Realty, an OH Gen Pship 6055 Rockside Woods Blvd#100 Independence, OH 44131	X	H		X	X	X
						Unknown
Account No. xxxx-xxxx-xxxx-8714		1-2011				
Huntington Bank 2361 Morse Rd NC2W24 Columbus, OH 43229		J	line of credit		X	X
						4,098.88
Account No. xxxxxxxxx8-026		commercial loan				
Huntington National Bank PO box 182232 NC1W32 Columbus, OH 43218-2232	X	H		X	X	X
						21,439.76
Account No. xxxx-xxxx-xxxx-1461		prior to 8-2011				
JJill PO Box 659622 San Antonio, TX 78265		J	misc chrgs		X	X
						3,009.73
Sheet no. 10 of 17 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						28,548.37

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W				
Account No. xx-xx-xx7350 Kohrman, Jackson & Krantz PLL 1 Cleveland Cntr-20th Fl 1375 E 9th St Cleveland, OH 44114-1793	X	H		ongoing/pending (Plaintiff's) atty fees claimed in litigation (see SFA#4)	X	X	75,000.00
Account No. x2097 Latinos Magazine PO box 151 Amelia, OH 45102-0151	X	H		6-2009 advertising		X	1,000.00
Account No. xxxx8878 Marymount Hospital 12300 McCracken Rd Cleveland, OH 44125		H		12-2010 med		X	133.00
Account No. xxxxx3307 Marymount Hospital PO Box 931260 Cleveland, OH 44193		J		10-2009 med		X	5,332.45
Account No. x6197 Marymount Pathology PO Box 951124 Cleveland, OH 44193		H		10-2009 med		X	159.00
Sheet no. 11 of 17 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							81,624.45
Subtotal (Total of this page)							81,624.45

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		4-2011 security monitoring				
Mattlin Custom Systems 7321 Shelfor Dr Solon, OH 44139	J			X	X	900.50
Account No. x9052		1-2010 med				
Menorah Park Center for Sr Living 27100 Cedar Rd Beachwood, OH 44122	W			X	X	37.36
Account No. xxxx2000		unk med				
Millenium Radiology Assoc 5620 Southwyck Blvd Toledo, OH 43614	W			X	X	142.60
Account No. xxxx-x6461		9-2011 & prior misc chrgs				
Nordstrom Bank PO box 79134 Phoenix, AZ 85062	W			X	X	3,080.51
Account No. xxxx-xxxx-xxxx-0513		8-2011 & prior misc chrgs				
Old Navy-GEMB PO Box 530942 Atlanta, GA 30353-0942	W			X	X	670.67
Sheet no. <u>12</u> of <u>17</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						4,831.64

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Plain Dealer 1801 Superior Ave Cleveland, OH 44114	J	12-2010 newspaper delivery		X	X	64.95
Account No. PNC Bank PO Box 856177 Louisville, KY 40285-6177	X H	8-2011 & prior misc chrgs		X	X	4,726.81
Account No. Premier Court Reporting 3969 Convenience Circle NW Canton, OH 44718	X H	9-2010 court reporting		X	X	50.00
Account No. xxxxx-7435 Pro-Activ--SKO Brenner American PO Box 230 Farmingdale, NY 11735	J	11-2010 med		X	X	19.95
Account No. Professional Reporters, Inc 390 S Washington Ave Columbus, OH 43215	X H	6-2010 court reporting		X	X	891.05
Sheet no. 13 of 17 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 5,752.76

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxx8798 Q-West PO box 52187 Phoenix, AZ 85072	J	5-2011 long distance phone service		X	X	88.20
Account No. xxxxxxx22-WL Quill.com/RMS 4836 Brecksvill Rd PO Box 523 Richfield, OH 44286	H	2-2011 business supplies		X	X	158.90
Account No. xxx-xx166-1 Ramic Cleveland, LLC 2000 Paysphere Circle Chicago, IL 60674	J	2-2010 med		X	X	123.40
Account No. RJM Acquistions 575 Underhill Blvd#224 Syosset, NY 11791-3411	J	books		X	X	43.84
Account No. RRR Gold LLC c/o Robert R. Risman 24500 Chagrin Blvd#200 Beachwood, OH 44122	X H	4-2010 alleged breach of lease (see SFA#4), potential claim could be considerably more		X	X	58,687.92
Sheet no. 14 of 17 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 59,102.26

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Sarah Rausch 153 Brookside Blvd Hinckley, OH 44233	H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. potential legal malpractice claim missing the deadline to extend the statute of limitations for a potential medical malpractice action	X	X	X	250,000.00
Account No. Simoni Court Reporting 153 Pine Ave NE Warren, OH 44481	H	7-2010 court reporter services		X	X	135.00
Account No. xxxxxxxx8567 St Vincent Charity Hospital PO box 951206 Cleveland, OH 44193	W	2-2010 med		X	X	870.39
Account No. Stevenson Reporting Service, Inc 2197 Macon Court Westlake, OH 44145	X H	2-2010 court reporter services		X	X	7,776.70
Account No. xxxxx3301 TIME WARNER CABLE PO Box 0901 Carol Stream, IL 60132-0901	W	8-2011 cable service		X	X	125.54
Sheet no. 15 of 17 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 258,907.63

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. xxx4217	J	6-2011 med		X	X	4.29
University Hospital Lab Services PO box 901967 Cleveland, OH 44190-1967						
Account No. xxxx3318	J	2-2010 med		X	X	359.00
University Hospitals PO box 74116 Cleveland, OH 44194						
Account No. xxx-xx6-295	J	8-2011 & prior misc chrgs		X	X	916.25
Victoria's Secret PO box 659728 San Antonio, TX 78265-9728						
Account No. xxxxxx-xx0002	H	1-2008 legal services		X	X	1,514.95
Vorys, Sater, Seymour & Pease, LLP 52 E Gay St PO box 1008 Columbus, OH 43216						
Account No.	X H	4-2010 legal services for pension pla		X	X	1,948.02
Wickens,Herzer,Panza,Cook&BatistaC o 35765 Chester Rd Avon, OH 44011-1262						
Sheet no. <u>16</u> of <u>17</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 4,742.51

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. x1200	X	H				
Winer & Bevilacqua, Inc Attn: Ron Winer 82 North Miller Rd Akron, OH 44333						
		8-2011 accounting services				22,735.00
Account No.						
Account No.						
Account No.						
Account No.						
Sheet no. <u>17</u> of <u>17</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						22,735.00
						Total (Report on Summary of Schedules)
						1,146,298.77

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Shaker Auto Lease 26671 Renaissance Pkwy Cleveland, OH 44128	Creditor is Lessor of Debtor's 2007 Odyssey
Shaker Auto Lease 26671 Renaissance Pkwy Cleveland, OH 44128	Creditor is Lessor of his (mother's) 2005 Civic
WDW Realty, LLC Attn: Dan Holben c/o Pickard Commercial Group 2950 W Market St, Suite M Akron, OH 44333	Debtor's office lease (from 5-2010 to 6-1-2015)

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Advanta PO Box 5657 Hicksville, NY 11802-5657
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	American Express PO Box 1270 Newark, NJ 07101-1270
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	American Express PO Box 1270 Newark, NJ 07101-1270
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	AT&T Advertising Solutions PO Box 5081 Carol Stream, IL 60197-5081
Bilfield & Associates 6300 Rockside Rd#204 Independence, OH 44131	AT&T Advertising Solutions PO Box 5081 Carol Stream, IL 60197-5081
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Hub Valley Realty LTD 6055 Rockside Woods Blvd#100 Independence, OH 44131
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Gold Building Partners, LLC 25201 Chagrin Blvd#300 Beachwood, OH 44122
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Kohrman, Jackson & Krantz PLL 1 Cleveland Cntr-20th Fl 1375 E 9th St Cleveland, OH 44114-1793
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	RRR Gold LLC c/o Robert R. Risman 24500 Chagrin Blvd#200 Beachwood, OH 44122
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Wickens, Herzer, Panza, Cook & Batista Co 35765 Chester Rd Avon, OH 44011-1262
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Winer & Bevilacqua, Inc Attn: Ron Winer 82 North Miller Rd Akron, OH 44333

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Connie Willman, RPR 570 D'Lun St#200 Columbus, OH 43228
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Brennan, Manna & Diamond, LLC 75 E Market St Akron, OH 44308
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Stevenson Reporting Service, Inc 2197 Macon Court Westlake, OH 44145
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Dalad Realty 6055 Rockside Woods blvd,Suite 100 Independence, OH 44131
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Helen Schafer 2 White Tail Way #8 Norwalk, OH 44857
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Corsillo&Grandillo Court Reporters Cleveland, OH 44114
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Baumberger Appraisal 111 Sturges Ave Mansfield, OH 44903
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Lorain National Bank 457 Broadway Lorain, OH 44052
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Ohio Commerce Bank 24400 Chagrin Blvd#100 Beachwood, OH 44122-5632
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Commercial Works, Inc 1299 Boltonfield St Columbus, OH 43228
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Latinos Magazine PO box 151 Amelia, OH 45102-0151
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Professional Reporters, Inc 390 S Washington Ave Columbus, OH 43215
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Premier Court Reporting 3969 Convenience Circle NW Canton, OH 44718

In re **Murray David Bilfield,
Melinda Jane Smith Bilfield**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Lorain National Bank 457 Broadway Lorain, OH 44052
Bilfield & Associates 6300 Rockside Rd, Suite 204 Independence, OH 44131	Hub Valley Realty, an OH Gen Pship 6055 Rockside Woods Blvd#100 Independence, OH 44131
Lawyers Marketing Services, Inc. 6300 Rockside Rd#204 Independence, OH 44131	Capital One PO Box 60559 City of Industry, CA 91716-0559
Lawyers Marketing Services, Inc. 6300 Rockside Rd#204 Independence, OH 44131	Lorain National Bank 457 Broadway Lorain, OH 44052
Mi Casa Su Casa, LLC 6300 Rockside Rd#204 Independence, OH 44131	Huntington National Bank PO box 182232 NC1W32 Columbus, OH 43218-2232
Midwest Tax Relief 6300 Rockside Rd#204 Independence, OH 44131	AT&T Advertising Solutions PO Box 5081 Carol Stream, IL 60197-5081
Midwest Tax Relief 6300 Rockside Rd#204 Independence, OH 44131	PNC Bank PO Box 856177 Louisville, KY 40285-6177
Midwest Tax Relief 6300 Rockside Rd#204 Independence, OH 44131	Ohio Commerce Bank 24400 Chagrin Blvd#100 Beachwood, OH 44122-5632
Midwest Tax Relief 6300 Rockside Rd#204 Independence, OH 44131	Cincinnati Bell PO box 748003 Cincinnati, OH 45274-8003
Midwest Tax Relief 6300 Rockside Rd#204 Independence, OH 44131	Lorain National Bank 457 Broadway Lorain, OH 44052
Midwest Tax Relief, LLC 6300 Rockside Rd#204 Independence, OH 44131	Advanta PO Box 5657 Hicksville, NY 11802-5657

In re **Murray David Bilfield**
Melinda Jane Smith Bilfield

Case No. _____

Debtor(s) _____

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
Married	RELATIONSHIP(S): Son Son	AGE(S): 11 14
Employment:	DEBTOR	SPOUSE
Occupation	attorney at law	homemaker
Name of Employer	self	
How long employed	5yrs+	14yrs+
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$ 0.00	\$ 0.00
2. Estimate monthly overtime	\$ 0.00	\$ 0.00

3. SUBTOTAL

\$ 0.00	\$ 0.00
----------------	----------------

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify): _____

\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 0.00	\$ 0.00
----------------	----------------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 0.00	\$ 0.00
----------------	----------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)

\$ 8,151.00	\$ 0.00
--------------------	----------------

8. Income from real property

\$ 0.00	\$ 0.00
----------------	----------------

9. Interest and dividends

\$ 0.00	\$ 0.00
----------------	----------------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ 0.00	\$ 0.00
----------------	----------------

11. Social security or government assistance (Specify): _____

\$ 0.00	\$ 0.00
----------------	----------------

12. Pension or retirement income

\$ 0.00	\$ 0.00
----------------	----------------

13. Other monthly income

(Specify): _____

\$ 0.00	\$ 0.00
----------------	----------------

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 8,151.00	\$ 0.00
--------------------	----------------

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 8,151.00	\$ 0.00
--------------------	----------------

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 8,151.00

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

Line 7. is average based upon 1-1-2011 to 8-31-2011

In re **Murray David Bilfield**
Melinda Jane Smith Bilfield

Case No. _____

Debtor(s) _____

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	1,399.50
a. Are real estate taxes included? Yes <u> </u> No <u>X</u>		
b. Is property insurance included? Yes <u> </u> No <u>X</u>		
2. Utilities: a. Electricity and heating fuel	\$	300.00
b. Water and sewer	\$	100.00
c. Telephone	\$	100.00
d. Other <u>cable/internet</u>	\$	150.00
3. Home maintenance (repairs and upkeep)	\$	250.00
4. Food	\$	900.00
5. Clothing	\$	100.00
6. Laundry and dry cleaning	\$	50.00
7. Medical and dental expenses	\$	616.00
8. Transportation (not including car payments)	\$	400.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	0.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	1,142.31
c. Health	\$	2,650.00
d. Auto	\$	76.00
e. Other <u>Disability for Debtor only</u>	\$	453.40
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	0.00
b. Other _____	\$	0.00
c. Other _____	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other <u>real estate taxes & insurance (line 1 is % only)</u>	\$	1,825.13
Other _____	\$	0.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	10,512.34
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	8,151.00
b. Average monthly expenses from Line 18 above	\$	10,512.34
c. Monthly net income (a. minus b.)	\$	-2,361.34

**United States Bankruptcy Court
Northern District of Ohio**

In re **Murray David Bilfield
Melinda Jane Smith Bilfield**

Debtor(s)

Case No. _____

Chapter **7**

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **41** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **September 30, 2011**

Signature **/s/ Murray David Bilfield**
Murray David Bilfield
Debtor

Date **September 30, 2011**

Signature **/s/ Melinda Jane Smith Bilfield**
Melinda Jane Smith Bilfield
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Northern District of Ohio**

In re **Murray David Bilfield
Melinda Jane Smith Bilfield**

Debtor(s)

Case No.
Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$69,810.00	2011 ytd (1-1-2011 to 8-31-2011) H-operation of business/employment income
\$73,000.00	2010 H-operation of business/employment income
\$158,000.00	2009 H-operation of business/employment income

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None ☒ *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	---------------------------------	--	--------------------

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Gold Building Partners, LLC and RRR Gold, LLC, Plaintiffs v Bilfield & Associates Co., LPA, and Murray D. Bilfield, Defendants & Third-Party Plaintiffs v HUB Valley Relaty LTD., Dalad Realty Company, Dalad Group, Dalad Construction Co., Lloyd D. Mazur, Colliers Ostendorf-Morris, HUB Valley Realty, an Ohio General Partnership, Neil D. Viny, Steven M. Viny, and Joseph E.Viny, Third-Party Defendants Case#CV-10-727350	Civil	Cuyahoga County, OH Court of Common Pleas (Cleveland, OH)	Pending

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

- None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
---	-----------------	--------------------------------------

5. Repossessions, foreclosures and returns

- None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	--	--------------------------------------

6. Assignments and receiverships

- None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------	-----------------------	-----------------------------------

- None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Edward L. Snyder 0018955 6910 Airport Hwy. Suite 11 Holland, OH 43528	8-19-2011	\$1,901.00+299ff
Steven S. Davis, Esq. 450 Std Bldg 1370 Ontario Cleveland, OH 44113	June, 2011	\$150.

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
260 Capital Hill Circle, Chagrin Falls, OH 44022	Murray David Bilfield Melinda Jane Smith Bilfield	2-2006 to Present

16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF
GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

18 . Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Bilfield & Sandel Co, LPA		1000 Erieview Tower 1301 E 9th St. Cleveland, OH 44114	legal services (Debtor H was 50% owner, professional C-corp)	1985 to June, 2006
Bilfield & Associates Co, LPA	1379	6300 Rockside Rd, Suite 204 Independence, OH 44131	legal services (Debtor H is 100% owner, professional C-corp)	August 2006 to June, 2011
Bilfield & Associates	2186	6300 Rockside Rd, Suite 204 Independence, OH 44131	legal services (Debtor H is sole proprietor)	July, 2011 to Present
Midwest Tax Relief, LLC	5521	6300 Rockside Rd, Suite 204 Independence, OH 44131	legal services (Debtor H is 100% owner)	December, 2007 to Present
Lawyers Marketing Srvices, LLC		6300 Rockside Rd, Suite 204 Independence, OH 44131	no activity since inception (sole-member LLC)	June 16, 2006
Mi Casa Su Casa, LLC		6300 Rockside Rd, Suite 204 Independence, OH 44131	no acitivity since inception (sole-member LLC)	Septeber 4, 2004
CRE Corp		240 B Tappan Dr N Mansfield, OH 44906	owns office building in Cincinnati, OH (Debtor is 5% owner)	
Longview Warehouse Ltd.		240 B Tappan Dr N Mansfield, OH 44906	owns warehousing in Mansfield, OH (Debtor owns 5%)	
Mobile Preparation, Inc. (MPI)		240 B Tappan Dr N Mansfield, OH 44906	(Debtor owns 5%), no activity for 20+ yrs	

- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS
Winer & Bevilacqua, Inc
Attn: Ron Winer
82 North Miller Rd
Akron, OH 44333

DATES SERVICES RENDERED
through present

- None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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- None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS
Ohio Commerce Bank
24400 Chagrin Blvd#100
Beachwood, OH 44122-5632

DATE ISSUED
8-2009

20. Inventories

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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21 . Current Partners, Officers, Directors and Shareholders

- None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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22 . Former partners, officers, directors and shareholders

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23 . Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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24. Tax Consolidation Group.

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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25. Pension Funds.

- None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date September 30, 2011

Signature /s/ Murray David Bilfield
Murray David Bilfield
 Debtor

Date September 30, 2011

Signature /s/ Melinda Jane Smith Bilfield
Melinda Jane Smith Bilfield
 Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

United States Bankruptcy Court
Northern District of Ohio

In re **Murray David Bilfield**
Melinda Jane Smith Bilfield

Debtor(s)

Case No.

Chapter

7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Bank of NY Trust Co, NA	Describe Property Securing Debt: Location: 260 Capital Hill Circle, Chagrin Falls OH 44022
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>avoid lien using 11 U.S.C. § 522(f)</u> (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2	
Creditor's Name: Lorain National Bank	Describe Property Securing Debt: all assets of Bilfield & Assocs co, LPA
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>avoid lien using 11 U.S.C. § 522(f)</u> (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 3	
Creditor's Name: Lorain National Bank	Describe Property Securing Debt: (all 15-20 yrs old) 2 lawyer desks & cradenzas, guest chairs for desks, lobby chairs, copy machine, fax machine, 2 secretarial desks, misc file cabinets, receptionist's desk 6300 Rockside Road, Suite 204, Independence, OH 44131
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>avoid lien using 11 U.S.C. § 522(f)</u> (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 4	
Creditor's Name: Ohio Commerce Bank	Describe Property Securing Debt: Location: 260 Capital Hill Circle, Chagrin Falls OH 44022
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>avoid lien using 11 U.S.C. § 522(f)</u> (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 5	
Creditor's Name: Wells Fargo Bank	Describe Property Securing Debt: Location: 260 Capital Hill Circle, Chagrin Falls OH 44022
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: Shaker Auto Lease	Describe Leased Property: Creditor is Lessor of Debtor's 2007 Odyssey	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Property No. 2		
Lessor's Name: Shaker Auto Lease	Describe Leased Property: Creditor is Lessor of his (mother's) 2005 Civic	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Property No. 3		
Lessor's Name: WDW Realty, LLC	Describe Leased Property: Debtor's office lease (from 5-2010 to 6-1-2015)	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date September 30, 2011

Signature /s/ Murray David Bilfield
Murray David Bilfield
Debtor

Date September 30, 2011

Signature /s/ Melinda Jane Smith Bilfield
Melinda Jane Smith Bilfield
Joint Debtor

**United States Bankruptcy Court
Northern District of Ohio**

In re **Murray David Bilfield
Melinda Jane Smith Bilfield**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>2,500.00</u>
Prior to the filing of this statement I have received	\$	<u>1,901.00</u>
Balance Due	\$	<u>599.00</u>

2. \$ 299.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: September 30, 2011

/s/ EDWARD L. SNYDER

**EDWARD L. SNYDER
EDWARD L. SNYDER 0018955
6910 AIRPORT HWY.
SUITE 11
Holland, OH 43528-5701
419-867-8090 Fax: 419-865-1344**

WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF OHIO**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.

United States Bankruptcy Court
Northern District of Ohio

In re **Murray David Bilfield**
Melinda Jane Smith Bilfield

Debtor(s)

Case No.

Chapter

7

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Murray David Bilfield
Melinda Jane Smith Bilfield

Printed Name(s) of Debtor(s)

X **/s/ Murray David Bilfield**

Signature of Debtor

September 30,
2011

Date

Case No. (if known) _____

X **/s/ Melinda Jane Smith Bilfield**

Signature of Joint Debtor (if any)

September 30,
2011

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
Northern District of Ohio**

In re **Murray David Bilfield
Melinda Jane Smith Bilfield**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **September 30, 2011**

/s/ Murray David Bilfield

Murray David Bilfield

Signature of Debtor

Date: **September 30, 2011**

/s/ Melinda Jane Smith Bilfield

Melinda Jane Smith Bilfield

Signature of Debtor

Advanta
PO Box 5657
Hicksville, NY 11802-5657

American Express
PO Box 1270
Newark, NJ 07101-1270

AT&T Advertising Solutions
PO Box 5081
Carol Stream, IL 60197-5081

ATTORNEY GENERAL OF THE US
US DEPT OF JUSTICE TAX DIVISION
CIVIL TRIAL SECTION, NORTHER REGION
PO BOX 55, BEN FRANKLIN STATION
Washington, DC 20044

Bank of America
PO Box 15019
Wilmington, DE 19886-5019

Bank of America
PO Box 5170
Simi Valley, CA 93062

Bank of NY Trust Co, NA
2220 Chemseroh Blvd
Irving, TX 75062

Baumberger Appraisal
111 Sturges Ave
Mansfield, OH 44903

Bilfield & Associates
6300 Rockside Rd, Suite 204
Independence, OH 44131

Bilfield & Associates
6300 Rockside Rd#204
Independence, OH 44131

Brennan, Manna & Diamond, LLC
75 E Market St
Akron, OH 44308

Capital One
PO Box 60559
City of Industry, CA 91716-0559

Century Link
PO Box 52187
Phoenix, AZ 85072-2187

CF Medical, LLC
Stephens & Michaels Assoc
PO Box 109
Salem, NH 03079-0109

Chase Bank One
PO Box 15298
Wilmington, DE 19850

Cincinnati Bell
PO box 748003
Cincinnati, OH 45274-8003

Citi American Express
PO box 6500
Sioux Falls, SD 57117-6500

Citi Platinum Select
Box 6500
Sioux Falls, SD 57117-6500

Cleveland Clinic
PO Box 8940
Cleveland, OH 44101

Cleveland Clinic
PO Box 931085
Cleveland, OH 44193

Cleveland Clinic
PO box 94909
Cleveland, OH 44195

Cleveland Clinic-East Hill
PO box 89410
Cleveland, OH 44101

Cleveland Clinic-Hospital
PO box 89410
Cleveland, OH 44101

Cleveland Clinic-Patient Payments
PO box 74303
Cleveland, OH 44194

Cleveland Clinic-Physician
PO box 89410
Cleveland, OH 44101

Clinic Medical Services
PO Box 92237

Commercial Works, Inc
1299 Boltonfield St
Columbus, OH 43228

Connie Willman, RPR
570 D'Lun St#200
Columbus, OH 43228

Corsillo&Grandillo Court Reporters
Cleveland, OH 44114

CREDIT ADJUSTMENTS, INC
330 FLORENCE
Defiance, OH 43512

Cuyahga County Treasurer
1219 Ontario
Cleveland, OH 44114

Dalad Realty
6055 Rockside Woods blvd, Suite 100
Independence, OH 44131

Direct TV
PO box 6414
Carol Stream, IL 60197-6414

Emergency Prof Serv
PO box 740021
Cincinnati, OH 45274-0021

Estate of Shirley Johnson
c/e Francis E. Sweeney, Jr., Esq.
323 Lakeside Ave NW, Suite 450
Cleveland, OH 44113

Express
PO box 659728
San Antonio, TX 78265

Eyeware 20/20
5194 Wilson Mills Rd
Cleveland, OH 44143

Eyeware 20/20
5194 Wislon Mills Rd
Cleveland, OH 44143

Federal Express
PO Box 371461
Pittsburgh, PA 15250-7461

First Credit, Inc
PO box 630838
Cincinnati, OH 45263-0838

GEMB-GAP
PO box 530942
Atlanta, GA 30353

Gold Building Partners, LLC
25201 Chagrin Blvd#300
Beachwood, OH 44122

Helen Schafer
2 White Tail Way #8
Norwalk, OH 44857

Hillcrest Hospital
PO Box 74397
Cleveland, OH 44194

Hub Valley Realty LTD
6055 Rockside Woods Blvd#100
Independence, OH 44131

Hub Valley Realty, an OH Gen Pship
6055 Rockside Woods Blvd#100
Independence, OH 44131

Huntington Bank
2361 Morse Rd NC2W24
Columbus, OH 43229

Huntington National Bank
PO box 182232 NC1W32
Columbus, OH 43218-2232

INTERNAL REVENUE SERVICE
INSOLVENCY GROUP 3
1240 EAST NINTH STREET, RM 457
Cleveland, OH 44199

JJill
PO Box 659622
San Antonio, TX 78265

Joseph, Mann & Creed
20600 Chagrin Blvd#550
Beachwood, OH 44122

JP Recovery Svc
PO Box 16749
Rocky River, OH 44116-0749

Kohrman, Jackson & Krantz PLL
1 Cleveland Cntr-20th Fl
1375 E 9th St
Cleveland, OH 44114-1793

Latinos Magazine
PO box 151
Amelia, OH 45102-0151

Lawyers Marketing Services, Inc.
6300 Rockside Rd#204
Independence, OH 44131

Lorain National Bank
457 Broadway
Lorain, OH 44052

Mary Ann Fabrizi, Atty
1040 S Commons Place#200
Bedford, OH 44146

Marymount Hospital
12300 McCracken Rd
Cleveland, OH 44125

Marymount Hospital
PO Box 931260
Cleveland, OH 44193

Marymount Pathology
PO Box 951124
Cleveland, OH 44193

Mattlin Custom Systems
7321 Shelfor Dr
Solon, OH 44139

McCarthy, Burgess & Wolf
26000 Cannon rd
Bedford, OH 44146

McQ Col Svc
PO Box 140250
Toledo, OH 43614

Menorah Park Center for Sr Living
27100 Cedar Rd
Beachwood, OH 44122

MERS
PO Box 2026
Flint, MI 48501-2026

Mi Casa Su Casa, LLC
6300 Rockside Rd#204
Independence, OH 44131

Midwest Tax Relief
6300 Rockside Rd#204
Independence, OH 44131

Midwest Tax Relief, LLC
6300 Rockside Rd#204
Independence, OH 44131

Millenium Radiology Assoc
5620 Southwyck Blvd
Toledo, OH 43614

Nordstrom Bank
PO box 79134
Phoenix, AZ 85062

North Shore Agency
4000 East 5th Ave
Columbus, OH 43219

OFFICE OF THE US ATTORNEY
ATTN: BANKRUPTCY SECTION
CARL B. STOKES US COURT HOUSE
801 WEST SUPERIOR AVE., SUITE 400
Cleveland, OH 44113-1852

Ohio Commerce Bank
24400 Chagrin Blvd#100
Beachwood, OH 44122-5632

Ohio Dept of Taxation
BANKRUPTCY DIVISION
PO 530
Columbus, OH 43216-0530

Old Navy-GEMB
PO Box 530942
Atlanta, GA 30353-0942

Plain Dealer
1801 Superior Ave
Cleveland, OH 44114

PNC Bank
PO Box 856177
Louisville, KY 40285-6177

Premier Court Reporting
3969 Convenience Circle NW
Canton, OH 44718

Pro-Activ--SKO Brenner American
PO Box 230
Farmingdale, NY 11735

Professional Reporters, Inc
390 S Washington Ave
Columbus, OH 43215

Q-West
PO box 52187
Phoenix, AZ 85072

Quill.com/RMS
4836 Brecksvill Rd
PO Box 523
Richfield, OH 44286

Ramic Cleveland, LLC
2000 Paysphere Circle
Chicago, IL 60674

Revenue Group
PO box 221278
Beachwood, OH 44122

RITA
PO Box 94951
Cleveland, OH

RJM Acquistions
575 Underhill Blvd#224
Syosset, NY 11791-3411

RRR Gold LLC
c/o Robert R. Risan
24500 Chagrin Blvd#200
Beachwood, OH 44122

Sarah Rausch
153 Brookside Blvd
Hinckley, OH 44233

Shaker Auto Lease
26671 Renaissance Pkwy
Cleveland, OH 44128

Simoni Court Reporting
153 Pine Ave NE
Warren, OH 44481

SMALL BUSINESS ADMINISTRATION
401 N Front St, Suite 200
Columbus, OH 43215

St Vincent Charity Hospital
PO box 951206
Cleveland, OH 44193

Stein & Chapin, Attorneys
32 W Hoster St#200
Columbus, OH 43215

Stephens & Michael Assocs
PO box 109
Salem, NH 03079-0109

Stevenson Reporting Service, Inc
2197 Macon Court
Westlake, OH 44145

TIME WARNER CABLE
PO Box 0901
Carol Stream, IL 60132-0901

United Col Bur
5620 SW Blvd#206
Toledo, OH 43614

University Hospital Lab Services
PO box 901967
Cleveland, OH 44190-1967

University Hospitals
PO box 74116
Cleveland, OH 44194

Victoria's Secret
PO box 659728
San Antonio, TX 78265-9728

Vorys, Sater, Seymour & Pease, LLP
52 E Gay St
PO box 1008
Columbus, OH 43216

WDW Realty, LLC
Attn: Dan Holben
c/o Pickard Commercial Group
2950 W Market St, Suite M
Akron, OH 44333

Wells Fargo Bank
c/o Bank of America Home Loans
PO Box 5170
Simi Valley, CA 93062-5170

WELTMAN, WEINBERG, & REIS
323 W LAKESIDE AVE-2NDFL
Cleveland, OH 44113-1009

Wickens, Herzer, Panza, Cook & Batista Co
35765 Chester Rd
Avon, OH 44011-1262

Winer & Bevilacqua, Inc
Attn: Ron Winer
82 North Miller Rd
Akron, OH 44333

In re **Murray David Bilfield**
 Debtor(s)
 Case Number: _____
 (If known)

According to the information required to be entered on this statement
 (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.
☒ The presumption does not arise.
☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

Part I. MILITARY AND NON-CONSUMER DEBTORS

1A	<p>Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p>Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input checked="" type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p>Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p><input type="checkbox"/> Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <div style="margin-left: 40px;"> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <div style="margin-left: 20px;"> <input type="checkbox"/> I remain on active duty /or/ <input type="checkbox"/> I was released from active duty on ____, which is less than 540 days before this bankruptcy case was filed; </div> <p style="text-align: center; margin: 10px 0;">OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/ <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on ____, which is less than 540 days before this bankruptcy case was filed.</p> </div>

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11. c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. <input type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.																			
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		Column A Debtor's Income	Column B Spouse's Income																
3	Gross wages, salary, tips, bonuses, overtime, commissions.		\$	\$																
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td>Gross receipts</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td colspan="2" style="text-align: center;">Subtract Line b from Line a</td> </tr> </tbody> </table>				Debtor	Spouse	a.	Gross receipts	\$	\$	b.	Ordinary and necessary business expenses	\$	\$	c.	Business income	Subtract Line b from Line a		\$	\$
		Debtor	Spouse																	
a.	Gross receipts	\$	\$																	
b.	Ordinary and necessary business expenses	\$	\$																	
c.	Business income	Subtract Line b from Line a																		
5	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td>Gross receipts</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td colspan="2" style="text-align: center;">Subtract Line b from Line a</td> </tr> </tbody> </table>				Debtor	Spouse	a.	Gross receipts	\$	\$	b.	Ordinary and necessary operating expenses	\$	\$	c.	Rent and other real property income	Subtract Line b from Line a		\$	\$
		Debtor	Spouse																	
a.	Gross receipts	\$	\$																	
b.	Ordinary and necessary operating expenses	\$	\$																	
c.	Rent and other real property income	Subtract Line b from Line a																		
6	Interest, dividends, and royalties.		\$	\$																
7	Pension and retirement income.		\$	\$																
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.		\$	\$																
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:																			
	<table border="1" style="width: 100%;"> <tr> <td style="width: 40%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 30%;">Debtor \$</td> <td style="width: 30%;">Spouse \$</td> </tr> </table>		Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse \$	\$	\$													
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse \$																		
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.																			
	<table border="1" style="width: 100%;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td></td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>				Debtor	Spouse	a.		\$	\$	b.		\$	\$						
		Debtor	Spouse																	
a.		\$	\$																	
b.		\$	\$																	
	Total and enter on Line 10		\$	\$																
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		\$	\$																

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$
Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: _____ b. Enter debtor's household size: _____	\$
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)														
16	Enter the amount from Line 12.	\$												
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.													
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 65%;"></td> <td style="width: 30%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">d.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	a.		\$	b.		\$	c.		\$	d.		\$	\$
a.		\$												
b.		\$												
c.		\$												
d.		\$												
	Total and enter on Line 17													
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$												

Part V. CALCULATION OF DEDUCTIONS FROM INCOME

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																									
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.																										
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; border: 1px solid black;">Persons under 65 years of age</th> <th colspan="3" style="text-align: left; border: 1px solid black;">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center;">a1.</td> <td style="width: 40%;">Allowance per person</td> <td style="width: 15%;"></td> <td style="width: 5%; text-align: center;">a2.</td> <td style="width: 40%;">Allowance per person</td> <td style="width: 15%;"></td> </tr> <tr> <td style="text-align: center;">b1.</td> <td>Number of persons</td> <td></td> <td style="text-align: center;">b2.</td> <td>Number of persons</td> <td></td> </tr> <tr> <td style="text-align: center;">c1.</td> <td>Subtotal</td> <td></td> <td style="text-align: center;">c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table>		Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person		a2.	Allowance per person		b1.	Number of persons		b2.	Number of persons		c1.	Subtotal		c2.	Subtotal		\$
Persons under 65 years of age			Persons 65 years of age or older																								
a1.	Allowance per person		a2.	Allowance per person																							
b1.	Number of persons		b2.	Number of persons																							
c1.	Subtotal		c2.	Subtotal																							
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																									

20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 75%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 20%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	\$									
22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 75%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 20%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 75%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 20%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$									

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	\$
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.	\$
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$

Subpart B: Additional Living Expense Deductions

Note: Do not include any expenses that you have listed in Lines 19-32

34	<p>Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 45%;">Health Insurance</td> <td style="width: 50%;">\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table> <p>Total and enter on Line 34.</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</p> <p>\$</p>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$									
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$									
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$									
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$									

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$															
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$															
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40	\$															
Subpart C: Deductions for Debt Payment																	
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> <td></td> </tr> </table>			Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines		\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?													
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no													
			Total: Add Lines														
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> </tr> </table>			Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$				Total: Add Lines	\$			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount														
a.			\$														
			Total: Add Lines														
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.	\$															
45	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">Projected average monthly Chapter 13 plan payment.</td> <td style="width: 35%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td style="text-align: center;">x</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td style="text-align: right;">Total: Multiply Lines a and b</td> </tr> </table>		a.	Projected average monthly Chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$						
a.	Projected average monthly Chapter 13 plan payment.	\$															
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x															
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b															
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.	\$															
Subpart D: Total Deductions from Income																	
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.	\$															
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION																	
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$															
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$															
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$															
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$															

52	Initial presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount set forth on Line 51 is more than \$11,725*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).
53	Enter the amount of your total non-priority unsecured debt \$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result. \$
55	Secondary presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.

Part VII. ADDITIONAL EXPENSE CLAIMS

56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.
----	---

	Expense Description	Monthly Amount
a.		\$
b.		\$
c.		\$
d.		\$
	Total: Add Lines a, b, c, and d	\$

Part VIII. VERIFICATION

57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Date: <u>September 30, 2011</u> </div> <div style="width: 45%;"> Signature: <u>/s/ Murray David Bilfield</u> Murray David Bilfield <i>(Debtor)</i> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Date: <u>September 30, 2011</u> </div> <div style="width: 45%;"> Signature: <u>/s/ Melinda Jane Smith Bilfield</u> Melinda Jane Smith Bilfield <i>(Joint Debtor, if any)</i> </div> </div>
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* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Melinda Jane Smith Bilfield**
 Debtor(s)
 Case Number: _____
 (If known)

According to the information required to be entered on this statement
 (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.
☒ The presumption does not arise.
☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

Part I. MILITARY AND NON-CONSUMER DEBTORS

1A	<p>Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p>Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input checked="" type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p>Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p><input type="checkbox"/> Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <div style="margin-left: 40px;"> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <div style="margin-left: 20px;"> <input type="checkbox"/> I remain on active duty /or/ <input type="checkbox"/> I was released from active duty on ____, which is less than 540 days before this bankruptcy case was filed; </div> <p style="text-align: center;">OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/ <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on ____, which is less than 540 days before this bankruptcy case was filed.</p> </div>

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11. c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. <input type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.																				
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			Column A Debtor's Income	Column B Spouse's Income																
3	Gross wages, salary, tips, bonuses, overtime, commissions.			\$	\$																
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td>Gross receipts</td> <td style="width: 10%;">\$</td> <td style="width: 10%;">\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </tbody> </table>					Debtor	Spouse	a.	Gross receipts	\$	\$	b.	Ordinary and necessary business expenses	\$	\$	c.	Business income	Subtract Line b from Line a		\$	\$
		Debtor	Spouse																		
a.	Gross receipts	\$	\$																		
b.	Ordinary and necessary business expenses	\$	\$																		
c.	Business income	Subtract Line b from Line a																			
5	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td>Gross receipts</td> <td style="width: 10%;">\$</td> <td style="width: 10%;">\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td colspan="2">Subtract Line b from Line a</td> </tr> </tbody> </table>					Debtor	Spouse	a.	Gross receipts	\$	\$	b.	Ordinary and necessary operating expenses	\$	\$	c.	Rent and other real property income	Subtract Line b from Line a		\$	\$
		Debtor	Spouse																		
a.	Gross receipts	\$	\$																		
b.	Ordinary and necessary operating expenses	\$	\$																		
c.	Rent and other real property income	Subtract Line b from Line a																			
6	Interest, dividends, and royalties.			\$	\$																
7	Pension and retirement income.			\$	\$																
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.			\$	\$																
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:			\$	\$																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 20%;">Debtor \$</td> <td style="width: 20%;">Spouse \$</td> </tr> </table>			Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse \$	\$	\$													
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse \$																			
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.			\$	\$																
	<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="2"></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td></td> <td style="width: 10%;">\$</td> <td style="width: 10%;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> <td>\$</td> </tr> </tbody> </table> Total and enter on Line 10					Debtor	Spouse	a.		\$	\$	b.		\$	\$	\$	\$				
		Debtor	Spouse																		
a.		\$	\$																		
b.		\$	\$																		
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).			\$	\$																

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$
Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: _____ b. Enter debtor's household size: _____	\$
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)														
16	Enter the amount from Line 12.	\$												
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.													
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 65%;"></td> <td style="width: 30%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">d.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	a.		\$	b.		\$	c.		\$	d.		\$	\$
a.		\$												
b.		\$												
c.		\$												
d.		\$												
	Total and enter on Line 17													
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$												

Part V. CALCULATION OF DEDUCTIONS FROM INCOME

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																								
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.																									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">Persons under 65 years of age</th> <th colspan="3" style="text-align: left;">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a1.</td> <td style="width: 60%;">Allowance per person</td> <td style="width: 35%;"></td> <td style="width: 5%;">a2.</td> <td style="width: 60%;">Allowance per person</td> <td style="width: 35%;"></td> </tr> <tr> <td>b1.</td> <td>Number of persons</td> <td></td> <td>b2.</td> <td>Number of persons</td> <td></td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td></td> <td>c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table>		Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person		a2.	Allowance per person		b1.	Number of persons		b2.	Number of persons		c1.	Subtotal		c2.	Subtotal	
Persons under 65 years of age			Persons 65 years of age or older																							
a1.	Allowance per person		a2.	Allowance per person																						
b1.	Number of persons		b2.	Number of persons																						
c1.	Subtotal		c2.	Subtotal																						
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																								

20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>	\$									
22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$									

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	\$
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.	\$
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$

Subpart B: Additional Living Expense Deductions

Note: Do not include any expenses that you have listed in Lines 19-32

34	<p>Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 75%;">Health Insurance</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table> <p>Total and enter on Line 34.</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</p> <p>\$</p>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$									
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$									
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$									
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$									

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$															
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$															
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40	\$															
Subpart C: Deductions for Debt Payment																	
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> <td></td> </tr> </table>			Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines		\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?													
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no													
			Total: Add Lines														
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> </tr> </table>			Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$				Total: Add Lines	\$			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount														
a.			\$														
			Total: Add Lines														
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.	\$															
45	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">Projected average monthly Chapter 13 plan payment.</td> <td style="width: 35%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td style="text-align: center;">x</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td style="text-align: right;">Total: Multiply Lines a and b</td> </tr> </table>		a.	Projected average monthly Chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$						
a.	Projected average monthly Chapter 13 plan payment.	\$															
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x															
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b															
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.	\$															
Subpart D: Total Deductions from Income																	
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.	\$															
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION																	
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$															
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$															
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$															
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$															

52	Initial presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount set forth on Line 51 is more than \$11,725*. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).
53	Enter the amount of your total non-priority unsecured debt \$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result. \$
55	Secondary presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.

Part VII. ADDITIONAL EXPENSE CLAIMS

56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.
----	---

	Expense Description	Monthly Amount
a.		\$
b.		\$
c.		\$
d.		\$
	Total: Add Lines a, b, c, and d	\$

Part VIII. VERIFICATION

57	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Date: <u>September 30, 2011</u></p> <p>Date: <u>September 30, 2011</u></p> </div> <div style="width: 45%;"> <p>Signature: <u>/s/ Murray David Bilfield</u> Murray David Bilfield <i>(Debtor)</i></p> <p>Signature: <u>/s/ Melinda Jane Smith Bilfield</u> Melinda Jane Smith Bilfield <i>(Joint Debtor, if any)</i></p> </div> </div>
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* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.